U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

For Official Use Only	ult in criminal prosecution, fines, cr civil penalties as provided by 29 U.S.C 439 or 440.	
READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.	
E		
1. File Number U - 2/08 4	2. Fiscal Year Covered From:	
3. Name and address of purson filing.	Name, file number, and address of labor organization.	
Name MICHAEL A HELM	Name BCTGM LU 19	
	Labor Organization File Number 022 303	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1870 EAST 19t2 ST	Street 1870 EAST 19th ST	
CITY CLEVELAND	CHY CLEVELAND	
State	State OH ZIP Code + 4 44/14	
5. Position in labor organization. BUSISESS AG	ENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	NONE	
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City	0	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
signed Muchael a 7/1 la on 8/15/05 2/10-771-5386		

Date

Telephone Number

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Name of Person Filing MICHAEL A HELM	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BAKERS LOCAL 19 CER FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 EAST 19 ST City CLEVELAND State OHIO ZIP Code + 4 44774	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BAKERS LOCAL 15	TAFT HARTLEY FUND THAT I	
P.O. Box, Bldg., Room No., if any	AM A PARTICIPANT	
Street 1870 EAST 19-11 .57	11.b. Approximate dollar value of such dealing.	
City CLEVECAND	12.a. Nature of interest held or income received.	
State 0/4/0 ZIP Coce + 4 4/4/1/4	POST HOLIDAY LUNCHEON MEETING	
	12.b. Amount. 95,54	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name		
Trade Name, if any:	NONE	
P.O. Box, Bldg., Room No., if any		
Street		
State		
	14.b. Amount of payment.	

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Name of Person Filing MICHAEL A HEL	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trus. In which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BAKERS LOCAL 19 CER FULL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 EAST 19 ^{+h} 57 ⁻ City CLEVERAND State OHIO ZIP Code + 4 44/14	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BAKERS LOCAL 19 Trade Name, if any: P.O. Box, Bldg., Room No., if any	TAFT HARTLEY FUND THAT I	
Street 1870 EAST 1977 57		
City CLEVELAND	11.b. Approximate dollar value of such dealing.	
State 0410 ZIP Coce + 4 44114	DINNER FOR STAFF AT TRUS SPONSERED EVENT OUT OF TOWN	
	12.b. Amount. 39. 46	
C. Received from any employer (other than an employer covered	under parts A and B above)	
or from any labor relations consultant to an employe any payment of mo	· · · · · · · · · · · · · · · · · · ·	
 Name and address of Employer or Labor Relat or s Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	NONE	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing MICHAEL A HEL/	Tile Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MEDICAL MUTICL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ABOD FAST NINCH ST City CLEVELANO State OHIO ZIP Code + 4 44/15	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BARERS LOCAL 19	THIRD PARTY ADMINISTRATOR	
Trade Name, if any:	AND INSURANCE COMPANY FOR	
P.O. Box, Bidg., Room No., if any	EMPLOYEE BENEFITS	
Street 1870 EAST 1974 ST		
City CLEVELAND	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State 0/4 ZIP Coce + 4 4/4/1/4	ATTENDANCE AT SPORTING EVENT FUR DISCUSSION WITH SERVICE PROVIDER	
	12.b. Amount. 790,00	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
pr	NONE	
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?		